

Strategic Plan



For the Addiction Sector, Community Action Committee,
Calgary Homeless Foundation April, 2007



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Our warm thanks to the Dream Centre for doing such a spectacular job with the community consultation, and to the members of ASPAC who, as usual, have worked long and hard to make this plan a reality.

Strategic Plan for the Addictions Sector (2007 – 2010)



ADDICTIONS SECTOR PLANNING ADVISORY COMMITTEE (ASPAC) MEMBERS

*NOTE: all ASPAC members are also members of the Addictions Sector

Name	Addictions Sector Role	Agency/Title	Telephone	E-Mail
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Stacey Petersen	Chair – Addictions Sector	Executive Director Fresh Start Recovery Centre	403-387-6266	sepfsc@telus.net
Kathy Christiansen	Member	Executive Director- Alpha House Society	403-234-7388	kathy.christiansen@shaw.ca

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ADDICTIONS SECTOR PLANNING ADVISORY COMMITTEE (ASPAC) MEMBERS

*NOTE: all ASPAC members are also members of the Addictions Sector

Name	Addictions Sector Role	Agency/Title	Telephone	E-Mail
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ADDICTIONS SECTOR MEMBERS

Name	Addictions Sector Role	Agency/Title	Telephone	E-Mail
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ADDICTIONS SECTOR MEMBERS

Name	Addictions Sector Role	Agency/Title	Telephone	E-Mail
Lawrence Braul	General Member	Trinity Place Foundation	403-215-6650	lvb.tpfa@shaw.ca
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Dermot Baldwin	General Member	Executive Director – Calgary Drop In Centre Society	403-263-5707	info@cdics.com
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ADDICTIONS SECTOR MEMBERS

Name	Addictions Sector Role	Agency/Title	Telephone	E-Mail
Kim Turgeon	General Member	Executive Director Aventa Treatment Services for Women	403-245-9050	kturgeon@aventa.org
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HISTORY OF THE ADDICTIONS SECTOR

The Addictions Sector of the Community Action Committee came into being in 1999 in response to community consultations regarding homelessness organized by the federal government in launching their Supporting Communities Partnership Initiative. Since that time, the Addictions Sector of the Community Action Committee has become a venue for information sharing, networking and collaboration among Calgary's agencies addressing addictions for persons who are homeless or at risk of homelessness. The benefits of this collaboration reach beyond the federal funding initiatives and are an important motivation for the ongoing work of the Addictions Sector.

ADDICTIONS SECTOR TERMS OF REFERENCE

Purpose:

The Addictions Sector facilitates collaboration among Calgary's addiction serving agencies to strive to meet the diverse needs of individuals contending with addictions and homelessness.

Membership:

Any organization actively involved in the provision of addictions treatment services in Calgary is eligible for membership in the Addictions Sector.

Meetings:

Meetings are usually held the first Wednesday of each month and are normally not more than two hours in duration.

Sub -Committees:

Sub-committees, usually ad hoc, may be formed to research and address issues brought forward by the Sector members. A sub-committee will choose a Chairperson who will report on the committee's work to the general membership of the Sector.



ADDICTIONS SECTOR TERMS OF REFERENCE

Expectations:

1. Members must attend a minimum of seven meetings to be eligible to participate in project proposal ranking.
2. Members involved in sub-committees of the sector are expected to attend meetings and assume an equal share of the committee's workload.
3. Members are expected to base their participation in decision-making on the best interests of the community as a whole and with reference to the Strategic Plans of the Addictions Sector and the Calgary Homeless Foundation.

Conflict of Interest Guideline:

Committee members must abstain from voting on their own funding proposals.

Governance:

1. The Committee will identify, through nomination, a Chair and Co-Chair,
2. The term of the Chair is one year and is based on the Collaborative Funding Process (CFP) cycle. The position of Co-Chair term is a two year commitment – the first year as Co-Chair and the subsequent year as Chair,
3. The Chair and Co-Chair act as the liaison between the Addictions Sector and the Sector Council, the Community Action Committee and the Board of Directors of the Calgary Homeless Foundation,
4. Decision-making at Addictions Sector meetings is by majority vote, premised on an inclusive process that ensures all members are able to express thoughts, opinions and concerns in a respectful environment.



ADDICTIONS SECTOR PROJECTS SUPPORTED TO DATE

The Addictions Sector's collaborative planning process over the last eight years has been a major contributor to the successful development of a number of additions to Calgary's addictions treatment resources. Most recently, these additions include the following facilities:

1. Aventa Addiction Treatment Centre for Women opened a new 36-bed treatment centre in May, 2004,
2. Aventa Addiction Treatment Centre for Women completed a renovation of a 10-bed transitional facility home in 2004/2005,
3. Fresh Start Recovery Centre opened a new 28-bed long term residential recovery facility in 2002,
4. Fresh Start Recovery Centre opened two new transitional homes since 2005 providing 10 beds,
5. Oxford House Foundation added 17 new houses for a total of 85 transitional beds since 2000,
6. Simon House Recovery Centre opened in 2006, providing a new 29-bed facility,
7. Simon House Phase 3 expansion from 2000 to 2006 provided a net gain of 24 beds,
8. Sunrise Native Addictions Services opened a new 36 bed treatment centre in 2002,
9. 1835 Recovery Acres purchased two additional transitional housing units providing 16 new beds, and
10. 1835 Recovery Acres completely renovated its existing 30 beds,
11. Alpha House is currently adding 22 intoxication/under the influence pre-treatment beds and 30 shelter spaces,
12. Fresh Start is currently building a new facility that will add 22 new residential treatment beds.
13. Youville moved into a renovated facility in 2005, adding 14 beds for women in Phase 1.
14. Youville added an additional 4 homes for women in recovery and their children in June 2005.



THE STRATEGIC PLANNING PROCESS

The Addictions Sector has historically functioned fairly informally. However, the Sector has recognized, in light of the rapid growth of the city, an ongoing and increasing need for additional services and a unified continuum of services to respond to the growing need. In order to ensure that the sector's activities are based on the use of current and accurate information as the baseline for strategic planning, the Addictions Sector struck a Strategic Planning Project Advisory Committee in the spring of 2006. The committee was charged with working on behalf of the Addictions Sector by developing a request for proposals and selecting and supervising the services of a consulting group to complete a targeted literature review of best practices (evidence-based practices), an environmental scan of current city resources and needs assessment. These components were intended to inform the development of a three-year Strategic Plan.

The resulting Strategic Plan is based on a set of three priorities selected from the Needs Assessment, in consultation with the community of addictions-serving agencies and other Calgary stakeholders, as initial targets for action. The Strategic Plan is intended to facilitate positive action on these priorities over the next three years (2007-2010) and to attend, whenever possible, to additional priorities identified in the Needs Assessment.

It is important to note that the targets estimated in the following pages are based on what the Addictions Sector believes are achievable goals within the three years of the Strategic Plan. They are not meant to imply that that these increases will meet the growing need of a city such as Calgary where approximately 100 people new residents were arriving every day at the time this plan was completed.



STRATEGIC PLANNING PRIORITIES FOR 2007-2010*

1. Additional Treatment Capacity Priorities:

- A. Long-term residential treatment beds;
- B. Pre-treatment beds;
- C. Long-term supported transitional beds for those completing treatment;
- D. Residential beds for youth under 18 without child welfare status;
- E. Additional dual diagnosis treatment capacity; and
- F. Actions to support access to treatment.

2. Treatment Delivery Priorities:

- A. The sector will ensure that a wide range of intervention types and formats of proven effectiveness is available to accommodate the needs of the diverse clientele it serves;
- B. The sector will ensure that its consensus on the need for treatment diversity and on the definition of recovery as a continuous process is maintained; and
- C. The sector will adopt the Best Practices Literature Review as a set of working understandings to be implemented to the extent that its unique context makes possible. (see Needs Assessment section on staffing for further detail)

* Please note that there were 14 priorities developed by the addictions community. The three discussed in this plan are the ones that most people thought should be addressed first. The other priorities will not be forgotten. However, the Addictions Sector must ensure that they only take on commitments which they are fair certain can be accomplished in the next 3 years.



STRATEGIC PLANNING PRIORITIES FOR 2007-2010*

3. Staff Support Priorities:

- A. The sector will complete a study on salaries and benefits in the sector that can be used to support a sector-wide salary grid, set out a career path in the sector, and inform funders about appropriate staffing costs for future proposals,
- B. The sector will develop a cross-sectoral human resource program that could provide staff recruitment, organize staff continuing education, and develop training standards and other related policies and procedures and a relief staff pool, and
- C. The sector will hold an annual staff event to offer a best practice update, recognize long-serving staff, and use its internal expertise to inform staff development activities.

* Note that these three priority areas are described in detail in the Needs Assessment document (available online from the authors or from the Calgary Homeless Foundation) and form the basis of the Strategic Work Plan below. Information on accessing the core documents, please see the final page of the Strategic Plan.



STRATEGIC WORK PLAN

Priority 1: Building Capacity Across the Continuum of Service

Objective	Work Plan/Resources
<p>A. Increase long-term residential treatment beds.</p>	<p><u>Work Plan:</u></p> <p>Reduce the loss of clients who are ready for treatment when a bed is not available by increasing the sector's long-term residential treatment capacity by:</p> <ol style="list-style-type: none"> 1. Targeting the addition of <u>200 long-term residential treatment beds</u> by December 2010, 2. Identifying sector agencies prepared to work toward this goal and support their development of proposals <p><u>Resources:</u></p> <ol style="list-style-type: none"> 1. Community Action Committee collaborative granting process and other funders; 2. Enviromental Scan 2006 3. Needs Assessment 2006



STRATEGIC WORK PLAN

Priority 1: Building Capacity Across the Continuum of Service

Objective	Work Plan/Resources
<p>B. Increase pre-treatment bed capacity.</p>	<p><u>Work Plan:</u> Reduce the loss of clients who are ready for treatment when a space is not immediately available by increasing pre-treatment capacity by:</p> <ol style="list-style-type: none"> 1. Targeting the ongoing addition of 30 pre-treatment beds by Dec. 2010, 2. Identifying sector agencies prepared to work toward this goal and support their development of proposals (2007) <p><u>Resources:</u></p> <ol style="list-style-type: none"> 1. Community Action Committee collaborative granting process and other funders 2. Environmental Scan 2006 3. Needs Assessment 2006



STRATEGIC WORK PLAN

Priority 1: Building Capacity Across the Continuum of Service

Objective	Work Plan/Resources
<p>C. Increase long-term supported transitional beds for those who complete treatment.</p>	<p><u>Work Plan:</u> Improve the likelihood of recovery and reduce relapse by:</p> <ul style="list-style-type: none"> • Targeting the addition of 50 post-treatment beds by December 2010. • Identifying sector agencies prepared to work toward this goal and support their development of proposals (2007). <p><u>Resources:</u></p> <ol style="list-style-type: none"> 1. Community Action Committee collaborative granting process and other funders 2. Environmental Scan 2006 3. Needs Assessment 2006



STRATEGIC WORK PLAN

Priority 1: Building Capacity Across the Continuum of Service

Objective	Work Plan/Resources
<p>D. Increase residential beds for youth under 18 without child welfare status.</p>	<p><u>Work Plan:</u> Improve treatment access for addicted youth by:</p> <ol style="list-style-type: none"> 1. Targeting the addition of <u>100 residential treatment beds for youth</u> by December 2010. These beds MUST be set in small, residential settings. 2. Identifying sector agencies prepared to work toward this goal and support their development of proposals (2007). <p><u>Resources:</u></p> <ol style="list-style-type: none"> 1. Community Action Committee collaborative granting process and other funders 2. Environmental Scan 2006 3. Needs Assessment 2006 4. Collaborative planning with the Youth Sector and its partnering agencies

Strategic Plan for the Addictions Sector (2007 – 2010)



STRATEGIC WORK PLAN

PRIORITY 1: Building Capacity Across the Continuum of Service

Objective	Work Plan/Resources
<p>E. Increase dual diagnosis residential treatment capacity</p>	<p><u>Work Plan</u></p> <p>Improve treatment access for dual diagnosis clients by:</p> <ol style="list-style-type: none"> 1. Addition of <u>20 dual diagnosis residential treatment beds</u> by Dec. 2010, 2. Identifying sector agencies prepared to work toward this goal and support their development of proposals (2007), 3. Ensure that increased capacity includes medical detoxification, case-managed treatment, and a strong outreach component that connects well to other related services. <p><u>Resources</u></p> <ol style="list-style-type: none"> 1. Community Action Committee collaborative granting process and other funders, 2. Environmental Scan 2006, 3. Needs Assessment 2006, 4. Collaboration with the mental health sector and related community support programs, e.g.. CHR dual diagnosis, ACT teams, SOS team, CPS, EMS.



STRATEGIC WORK PLAN

PRIORITY 1: Building Capacity Across the Continuum of Service

Objective	Work Plan/Resources
<p>F. Supporting access to increased treatment capacity in the Addictions Sector</p>	<p><u>Work Plan</u></p> <ol style="list-style-type: none"> 1. Maintain effective cross-sectoral communication about available spaces to maximize support of client readiness, 2. Improve overall cross-sectoral communication re: types of resources available, access procedures, requirements of specific facilities, 3. Ensure that new capacity additions are supported by appropriate operational funding. This needs to be true for all additions. <p><u>Resources</u></p> <ol style="list-style-type: none"> 1. AADAC weekly admission dates report content and circulation redeveloped to improve its use as a central sector information resource, 2. Community Action Committee collaborative granting process and other funders, 3. Environmental Scan 2006, 4. Needs Assessment 2006.



STRATEGIC WORK PLAN

Priority 2: Diversity of Treatment Delivery Formats

Objective	Work Plan/Resources
<p>Ensure that a range of treatment types are available:</p> <ul style="list-style-type: none"> A. To meet clients' diverse needs, and B. To enhance the sector's ability to collaborate while respecting the need for and appropriateness of a diverse array of interventions 	<p><u>Work Plan</u></p> <p>Improve the likelihood of positive client outcomes by</p> <ol style="list-style-type: none"> 1. Providing a broad range of treatment types, including, for example, residential programs; community programs; abstinence-based programs; 12-step programs; and harm reduction programs. 2. Encourage member agencies to ensure that their treatment approaches are compatible with best practice in addictions, 3. Support agencies ongoing evidence-based practice and program evaluation through the provision of opportunities for continuing education and cross-sectoral dialogue (see also Staffing Support Priorities below), 4. Ensure that all sector documentation and practice clearly supports treatment diversity and defines addiction recovery as a process rather than as a dichotomous abstinent/not abstinent outcome,



STRATEGIC WORK PLAN

PRIORITY 2: Diversity of Treatment Delivery Formats

Objective	Work Plan/Resources
<p>As above.</p>	<ol style="list-style-type: none"> 5. Establish the expectation in the sector that clients may use addictions treatment resources in a nonlinear way, and reinforce the resulting need for cross-program collaboration and communication, and 6. Ensure that the sector's programs are clearly representative of an organized, collaborative continuum of services. <p><u>Resources</u></p> <ol style="list-style-type: none"> 1. Community Action Committee collaborative granting process and other funders, 2. Environmental Scan 2006, 3. Needs Assessment 2006, 4. Literature Review 2006, 5. AADAC weekly admissions dates report, 6. Annual sector conference (see Priority 3 below), 7. Addictions Sector Terms of Reference.



STRATEGIC WORK PLAN
Priority 3: Staff Supports

Objective	Work Plan/Resources
<p>A. Complete a study of staff salaries and benefits for the sector.</p>	<p><u>Work Plan</u></p> <ol style="list-style-type: none"> 1. Complete a study on salaries and benefits in the sector including: <ul style="list-style-type: none"> – A sector-wide salary grid, – Identification of a career path in the sector, and – Information for funders about appropriate staffing costs for use in future proposals generated in the sector. 2. Distribute the study outcomes throughout the sector by late 2008 to inform planning during the subsequent two years of the Strategic Plan period, 3. Use the study results to reduce salary discrepancies in the sector and reduce staff retention problems.



STRATEGIC WORK PLAN
Priority 3: Staff Supports

Objective	Work Plan/Resources
As above	<p><u>Resources</u></p> <ol style="list-style-type: none">1. Community Action Committee collaborative granting process and other funders,2. Environmental Scan 2006,3. Needs Assessment 2006,4. Existing non-profit sector salary studies (e.g. AADAC).



STRATEGIC WORK PLAN
Priority 3: Staff Supports

Objective	Work Plan/Resources
<p>B. Develop a cross-sectoral human resource program that could support recruitment, continuing education, development of a relief staff pool and training standards</p>	<p><u>Work Plan</u></p> <p>Improve staff supports in the sector by:</p> <ul style="list-style-type: none"> • Developing a sector-wide human resources service that manages staff hiring, continuing education and sets training standards and salaries for staff positions across the sector, • Collecting and reporting on ongoing data to show the impact of centralized planning on staff retention and salary equity, and • Using these materials to develop a unified presentation to funders in support of increased depth of staffing in the sector to reduce stress in the sector. <p><u>Resources</u></p> <ol style="list-style-type: none"> 1. CAC collaborative granting process and other funders 2. Environmental Scan 2006 3. Needs Assessment 2006



STRATEGIC WORK PLAN

Priority 3: Staff Support Priorities

Objective	Work Plan/Resources
<p>C. Sponsor and organize an annual staff continuing education event</p>	<p><u>Work Plan:</u></p> <ol style="list-style-type: none"> 1. Improve Addictions Sector staff opportunities for continuing education supports by: 2. Sponsoring and organizing an annual conference for the Calgary Addiction-serving agencies and other community stakeholders, with the first such conference scheduled in 2008, 3. Include in the conference: <ul style="list-style-type: none"> – Best practice update including a keynote address from an internationally recognized expert in an aspect of addiction treatment and research, – Recognition for long-serving staff, – Use of sector expertise to deliver staff development workshops on topics of general interest, and – Specialized workshops. <p><u>Resources</u> – next page</p>



STRATEGIC WORK PLAN

Priority 3: Staff Support Priorities

Objective	Work Plan/Resources
As above.	<p><u>Resources:</u> CAC collaborative granting process and other funders, Needs Assessment 2006, Community models of such conferences (e.g. HomeFront).</p>



Citation

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For electronic copies of the Needs Assessment, Literature Review or Environmental Scan, please go to www.calgaryhomeless.com.